

Wisconsin Influenza Vaccination Prioritization Plan

Because the supply and distribution of influenza vaccine cannot be guaranteed, adherence to the Plan should be based on the principle that influenza vaccination programs should give highest priority to persons who are most likely to experience complications from influenza including death (see risk categories on page 2). The ACIP recommends that vaccine campaigns conducted in October focus efforts primarily on persons at increased risk for influenza complications and their contacts, including health-care workers. Voluntary cooperation is needed from all providers of influenza vaccination services in Wisconsin. Modifications¹ to the Plan may be necessary in the event of delays in shipment of vaccine or shortages of influenza vaccine during the influenza season.

Time Period*	Activity
October	Vaccination of persons in risk categories 1 and 2. This is the optimal time to begin vaccination of high-risk persons and contacts of high-risk persons. Vaccination of children <9 years of age who are receiving vaccine for the first time should also begin in October because those persons need a booster dose 1 month after the initial dose. Persons planning organized mass vaccination campaigns should consider scheduling events after mid-October.
November	Vaccination of persons in category 3 who wish to decrease their risk from influenza infection.
December and later	Vaccination of anyone who should be or who wants to receive influenza vaccine. Influenza vaccine should continue to be offered throughout the influenza season.

¹The role of local health departments (LHDs):

In anticipation of influenza vaccine shortages, LHDs will take the lead to:

- Determine if there are supplies of vaccine remaining in any clinic and/or facility in their service area following category 1 and 2 vaccination programs, and
- Share that information with clinics and facilities experiencing vaccine shortages so that a temporary loan or sale of vaccine can occur to cover persons in risk categories 1 and 2. LHDs are not expected to transport vaccine.

*If vaccine supply is adequate, tiered timing may be accelerated e.g. those individuals to be vaccinated in December could be vaccinated in November.

An important message to providers of vaccination services: If you do not have sufficient vaccine for persons in risk categories 1 and 2 and are part of a health care system, contact your parent company to determine if vaccine can be redistributed within the health system.

Target Groups for use in setting influenza vaccination priorities	
Category 1	<p>Persons at increased risk of influenza-related complications, including:</p> <ul style="list-style-type: none"> • Persons 65 years of age and older. • Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions. • Adults and children who have chronic disorders of the pulmonary system, e.g., emphysema, chronic bronchitis or asthma. • Adults and children who have chronic disorders of the cardiovascular systems, e.g., congestive heart failure. • Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies (e.g., sickle cell disease), or immunosuppression (e.g., caused by medications or HIV). • Children aged 6 months to 18 years who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza infection. • Women who will be pregnant during the influenza season. • Healthy children aged 6-23 months. • Children aged <9 years who are receiving vaccine for the first time (these persons need a booster dose 1-month after the initial dose). • Persons aged 50-64 years. <p>VFC-eligible Children:</p> <ul style="list-style-type: none"> • In March 2003, the group of children eligible for influenza vaccine coverage under the Vaccines for Children (VFC) program was expanded to include all VFC-eligible children aged 6-23 months and VFC-eligible children 2-18 years who are household contacts of children aged 0-23 months and VFC-eligible children 2-18 years who are household contacts of individuals at increased risk to complications of influenza.
Category 2	<p>Persons who can transmit influenza virus to persons in category 1 because they provide direct care, including:</p> <ul style="list-style-type: none"> • Physicians, nurses, and other personnel in both hospital and outpatient-care settings, including medical emergency response workers (e.g., paramedics and emergency medical technicians) who have direct patient contact. • Employees of nursing homes and chronic-care facilities who have direct contact with patients or residents. • Employees of assisted living and other residences for persons in high-risk groups who provide direct care. • Providers of home care to people at high risk (e.g., visiting nurses and volunteer workers). • Household contacts (including children) of persons at high-risk. • Household contacts and out-of-home caregivers, particularly for contacts of children aged 0-5 months.
Category 3	<p>Otherwise healthy persons aged 6 months and older who wish to reduce their likelihood of becoming ill with influenza, such as:</p> <ul style="list-style-type: none"> • Students and other persons in institutional settings (e.g., college students in dormitories). • Employees of health care facilities who do not provide direct patient care. • Persons who provide essential community services. • Healthy persons in the workplace. • Employees that can receive vaccine at work site clinics. • All others who wish to protect themselves from influenza.